

MK Nature Center Volunteer Application

We are so glad you are interested in volunteering at the MK Nature Center.

Please complete this form and return it to us.

You'll be contacted with our quarterly newsletter with upcoming volunteer opportunities.

Today's Date _____

Name _____ Birthdate _____

Address _____ City _____ Zip _____

Phone _____ Cell _____
Phone _____

E-mail Address _____

Emergency Contact _____ Phone _____
Relationship to volunteer _____

Which volunteer opportunities are you interested in?

(program guide, gardener, eagle scout, special events)

What days/times are you available? _____

Why do you want to volunteer at the MK Nature Center?

Tell us about yourself and your interests?

Please specify any physical limitations you have? (asthma, allergies)

Please mail or deliver to:

MK Nature Center
Attention: Brenda Beckley
PO Box 25/600 S. Walnut
Boise, ID 83707
FAX 208-287-2905 PHONE 208-334-2225

Volunteer Agreement

I offer and agree to volunteer my services without compensation in wages to assist the Idaho Department of Fish and Game in accordance with the following understandings:

- Although this volunteer service will not confer on me the status of a State employee while acting within the scope of this agreement, I will be deemed to be as if I were a State employee for purpose of the:
 - State Tort Claims Act, which protects a State employee from liability for injury or damage to others while the employee is acting within the scope of his or her duties; and injury.

AND

- State Workers' Compensation Act, which authorizes compensation for work-related injury.
- I am at least 18 years old (if less than 18, my parent or guardian consents to this agreement by signature below)
- I understand that volunteer projects will frequently be out of doors and that I need to be in physical condition adequate for normal physical activity. I will notify the Volunteer Coordinator immediately, in writing, of any significant change in my ability to do outdoor work. If special skills are required for a project, I will be trained before being assigned to that project.

Volunteer Signature_____

Print Name _____ **Date**_____

Signature of Parent or Guardian (if less than 18 years old)

Parent or Guardian Name –Please Print

Relationship to Volunteer_____